

United States Senate

WASHINGTON, D.C. 20510

February 18, 1981

Mr. David Stockman
Director
Office of Management and Budget
Washington, DC

Dear Dave:

I am deeply concerned over the recent reported recommendation for deep cuts in the Special Supplemental Food Program, for Women, Infants, and Children (WIC).

The report, if accurate, is most unwise. Of all social programs in the federal government, there are few (if indeed there are any) that have the record of effectiveness which this program does. A substantial and impressive body of medical evidence shows that the program results in significant reductions in the incidence of low birth weight infants, reduces anemia, and is associated with reduced neonatal mortality rates.

An important study at the Harvard University School of Public Health found that each \$1 spent on the parental component of the WIC program results in a savings of \$3 in hospitalization costs, due to the reduced number of low birth weight infants needing extended hospital care. Since the WIC program is limited to those with low incomes, reduced hospital costs also mean Medicaid savings.

In addition, various studies have linked the WIC program to reduced infant death rates. A recent study in Massachusetts found that WIC significantly decreases neonatal mortality. As you know, the U.S. has an infant mortality rate exceeding that of most other industrialized countries, although the rate is now dropping, due in part to efforts like WIC.

The WIC program has also been associated with reduced rates of birth defects and abnormalities such as blindness and deafness. Low birth weight infants have a higher incidence of these defects than normal infants. These defects cost the government substantial amounts in subsequent years through Medicaid costs, special education costs, and disability payments.

Mr. David Stockman
Page 2
February 18, 1981

WIC also has been found to increase growth among poor children with subnormal growth rates and to decrease anemia. An analysis prepared for the Congress last year by the Department, and based on all available medical data, indicates that the program more than pays for itself over time.

I can assure you there is strong bi-partisan support for this program on Capitol Hill. Given its record of effectiveness, little controversy or partisan differences exist.

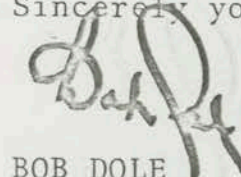
Finally, our national policy to deny Medicaid funding for abortions, and to have pregnancies carried to term, places a special obligation on us to assure that babies brought to term are healthy. A policy of cutting back on the WIC program is inconsistent with this.

The current services level for this program in FY 1982 is \$1,038 million. This level allows for no growth in the number of persons served -- it freezes participation at its current level, although hundreds of counties in the U.S. have no program, and many others have long waiting lists. This is the level I understood you would propose. However, I now understand there is a recommendation to cut over \$300 million below this level. This will cause a reduction of nearly 700,000 in the number of low income women, infants, and children, at nutritional risk, who are served.

I hope you will return the funding for this program to the level that allows the WIC program to serve the same number of women, infants, and children as it is serving today.

I am enclosing a recent compilation prepared by the Department of the medical evidence on this program.

Sincerely yours,



BOB DOLE
United States Senate

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Enclosure